

The Linacre Quarterly

Volume 42 | Number 4

Article 3

November 1975

Letters to the Editor

Catholic Physicians' Guild

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Recommended Citation

Catholic Physicians' Guild (1975) "Letters to the Editor," *The Linacre Quarterly*: Vol. 42: No. 4, Article 3.
Available at: <http://epublications.marquette.edu/lmq/vol42/iss4/3>

Letters . . .

Dear Dr. Mullooly:

Shortly after the promulgation of the Ethical and Religious Directives for Catholic Health Facilities in 1971, reports began to circulate concerning the formation of multidisciplinary "Sterilization Committees" in certain hospitals in dioceses in various parts of the country. The formation of such committees was justified, in most instances, by an "interpretation" of Directive 20 by a local ordinary and/or theologian. This interpretation had to do with the justification of some direct sterilization procedures through the principle of totality and to a lesser extent, the adjudication of the licitness of proposed "physiological isolation" techniques. Hospitals which were performing only indirect sterilization procedures such as oophorectomy for breast malignancies or orchidectomy for palliation of prostatic neoplasms did not, in general, form Sterilization Committees. Several bishops pointed out that Directive 20 was being actively studied at several levels and therefore was subject to alternative interpretations.

A recent letter from Archbishop Bernardin, President of the National Conference of Bishops, to all of the U.S. Hierarchy is most illuminating on this subject. The letter follows in full:

Your Excellency:

The USCC Ethical and Religious Directives for Catholic Health facilities, reflecting the traditional position concerning sterilization, limit such procedures in Catholic hospitals to the following:

Procedures that induce sterility, whether permanent or temporary are permitted when (a) they are immediately directed to the cure, diminution or prevention of a serious pathological condition and are not directly contraceptive (i.e., contraception is not the purpose); and (b) a simpler treatment is not reasonably available (n.20).

After the guideline, which confirmed

traditional institutional policy, was published, the question was raised whether direct sterilization might be performed for the total good of the patient, e.g., because of a heart or kidney ailment which might be seriously aggravated by a future pregnancy.

The question was referred to the Committee on Health Affairs, which presented it to its Advisory Committee on Medical-Moral Questions. The matter was examined at length, including consultation with the Holy See. With the concurrence of the Executive Committee, I am writing to give assurance that the 1971 guideline stands as written, and that direct sterilization is not to be considered as justified by the common good, the principle of totality, the existence of contrary opinion, or any other argument. This means that Catholic hospitals, as a matter of institutional policy, may not authorize sterilization procedures for reasons other than those contained in the guidelines. If questions of material cooperation arise, the traditional norms of moral theology are to be applied.

*With cordial good wishes, I remain
Sincerely yours in Christ,
Most Rev. Joseph L. Bernardin
Archbishop of Cincinnati
President, NCCB-USCC*

The foregoing would seem to be unambiguous and forthright in its support of Directive 20, as written, and its rejection of alternative interpretations. In light of this letter, it would appear that the alleged "indirectness" of tubal ligations done to produce a future good of non-pregnancy is officially rejected. The continued function of Sterilization Committees in the sanctioning of such procedures in Catholic institutions would constitute formal cooperation in acts found morally unacceptable by an authentic, albeit non-infallible, magisterial pronouncement.

**Eugene F. Diamond, M.D., Chairman
Committee on Hospital Directives
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